Environmental Health Division
Ministry of Health and Social Development
Government of the Virgin Islands

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Tortola, VG1110

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Application for Registration/Licensing of a Food Establishment

DATE OF APPLICATION ……………………………………….

APPLICANT INFORMATION

NAME OF APPLICANT /OWNER………………………………..……………...…….

ADDRESS……………………………………………………………………..…………….

TELEPHONE #: (L)…………………………...…………….…(C) ………………………………

E – Mail…..…………………………………………………………………………………..

ESTABLISHMENT INFORMATION

NAME OF FOOD ESTABLISHMENT…...…………………………………………………….

ADDRESS OF FOOD ESTABLISHMENT………………………………………………..

OPERATION/ LOCATION………………………………...……………………………

TYPE OF FOODS TO BE SOLD IN FOOD ESTABLISHMENT……………………..…..

…..………………………………………………………………………………………

NUMBER OF EMPLOYEES……………………………………………………………….

TYPE OF TRADE LICENSE SOUGHT…………………………………………………..

SIGNATURE OF APPLICANT…………………………………………………………….

Please provide copy of Trade License with application form

FOR OFFICE USE ONLY

CATEGORY OF FOOD ESTABLISHMENT

() Bakery () Bar () Deli () Food Vendor () Grocery () Mobile Food Unit () Superette
() Restaurant and Bar () Snack-bar () Snackette () Supermarket () Wholesale
() Other Premises

Date Application received……………………..…….By………………………..…………….

Registration # of Vehicle…………...…………Expiry date……………………………………

Checked by…………………………Inspected by……..…………………….……………....

Permission Granted…………………..……..Refused……………………………...….

If refused, reason (s) for refusal.……………………………………………………..…….

Date Granted………………………… Expiry Date……………………..……………………...

NAME OF FOOD HANDLER	POSITION	EXPIRATION DATE	FH#